

State: South Carolina

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(e)(3)
of the Act

/X/

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10)
(A)(ii)(IX)
and 1902(1)
of the Act

/X/

14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:
- a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
 - b. Infants under one year of age.

TN No. MA 94-023
Supersedes
Tn No. MA 92-07

Approval Date 2/22/95

Effective Date 01/01/95

HCFA ID: 7984E

Revision: HCFA-PM-91-4 (BPD)
August 1991

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State: South Carolina

Agency*	Citation(s)	Groups Covered
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Supersedes
Tn No. MA 90-27

Approval Date 6-4-92

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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a) X
(ii)(X)
and 1902(m)
(1) and (3)
of the Act
IV-A

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; or under the State's medically needy program as specified in ATTACHMENT 2.6-A. Supplement 2, pg. 6.

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Supersedes
Tn No. N/A

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Effective Date 1/01/92

HCFA ID: 7984E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(47)
and 1920 of
the Act

17. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.

TN No. MA 92-07

Supersedes

TN No. N/A

Approval Date 6-4-92

Effective Date 1/01/92

State/Territory: South Carolina

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

- | | |
|--|--|
| 1906 of the Act | 18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of <u>1</u> months. |
| 1902(a)(10)(F) and 1902(u)(1) of the Act | 19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A. |

TN No. MA 93-011

Supercedes

TN No. N/A

Approval Date NOV 5 1993

Effective Date 10/01/93

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: South Carolina

Citation(s)

Groups Covered

B. Optional Coverage Other Than the Medically Needy
(Continued)

1902(a)(10)(A)
(ii)(XIV) of the Act

___ 19. Optional Targeted Low Income Children who:

- a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);
- b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in §1902(1)(2)(D);
- c. have family income at or below:

200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in §2110(b)(4) of the Act) but by no more than 50 percentage points.

The State covers:

___ All children described above who are under age _____ (18, 19) with family income at or below 150 percent of the Federal poverty level.

TN No. MA 98-005
Supersedes
TN No. MA 97-007

Approval Date 4/20/98 Effective Date 1/01/98

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: South Carolina

Citation(s)

Groups Covered

— The following reasonable classifications of children described above who are under age. (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:

(ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISH ELIGIBILITY FOR EACH CLASSIFICATION.)

1902(a) (12) of the act X 20.

A child under age 19 (Not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of 12 months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.

1920A of the Act

 21.

Children under age 19 who are determined by a "qualified entity" (as defined in §1920A (b) (3) (A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN No. MA 97-007
Supersedes
TN No. N/A

Approval Date 12/22/97 Effective Date 10/1/97

Revision:

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OMB No.:

State/Territory: South Carolina

Citation	Group Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)(A)	<u> X </u> 22	Disabled individuals whose net family income is below 250 per cent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of Attachment 2.6-A
1902(a)(10)(A)	<u> X </u> 23	Children who are in foster care under the responsibility of the state on their 18 th birthday may be eligible for Medicaid until their 21 st birthday without regard to their income and resources.

TN No. MA 00-004

APR 20 2000

Supersedes

Approval Date _____

Effective Date 04/01/00

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State: SOUTH CAROLINA

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of the Medically Needy

42 CFR 435.301

This plan includes the medically needy.

☒

No.

☐

Yes. This plan covers:

1902(e) of the
Act

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10)
(C)(ii)(I)
of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

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Supersedes
Tn No. MA 92-07

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State: SOUTH CAROLINA

Agency* Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued)

1902(e)(4) of
the Act

4. Newborn children born on or after
October 1, 1984 to a woman who is eligible
as medically needy and is receiving
Medicaid on the date of the child's birth. The child is
deemed to have applied and been found eligible for Medicaid
on the date of birth and remains eligible for one year so
long as the woman remains eligible or would remain eligible
if she were pregnant and the child is a member of the
woman's household.

42 CFR 435.308

5. ☒ a. Financially eligible individuals who are not
described in section C.3. above and who are under
the age of--

— 21

— 20

— 19

— 18 or under age 19 who are full-time
students in a secondary school or in the
equivalent level of vocational or
technical training

- ☒ b. Reasonable classifications of financially
eligible individuals under the ages of 21, 20,
19, or 18 as specified below:

- (1) Individuals for whom public agencies are
assuming full or partial financial
responsibility and who are:

— (a) In foster homes (and are under
the age of ____).

— (b) In private institutions (and
are under the age of ____).

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Tn No. MA 92-07

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